Submission No 11

INQUIRY INTO INQUIRY INTO CHILDHOOD OVERWEIGHT AND OBESITY

Organisation: Australian Beverages Council

Date received: 19 August 2016

AUSTRALIAN BEVERAGES COUNCIL

Submission – NSW Inquiry into Childhood Overweight and Obesity

21st August 2016

Summary

The Beverages Council supports:

- The NSW Premier's Priority Target: Reduce overweight and obesity rate of children and young people (5-16 years) by 5 per cent by 2025.
- The NSW Healthy Eating and Active Living Strategy 2013 – 2018 as a framework to drive multi-sector partnerships across government and with key stakeholders to support children becoming healthy and active.
- The NSW Healthy Children Initiative which demonstrates the importance of both healthy eating and physical activity and the need for a multi-sector approach across numerous settings.

The Beverages Council recommends:

- Continued focus on strategies to enable children to make healthier food and beverage choices and be active, including by participating in physical activity and sport, which includes highlighting the vital role parents, caregivers, schools and sporting clubs play.
- A collaborative approach that acknowledges the importance of a multi-sector stakeholder approach e.g. government, food and beverage industry, health NGOs in making meaningful and lasting changes to meet the priority target.
- Recognition of the beverage industry's visibly public commitments to be part of the holistic, whole-of-food supply solution to the problem of childhood obesity through a range of initiatives that appear to have contributed to a substantial decline in children's sugar-sweetened drink consumption. These initiatives include:
    a) Offering kilojoule choice through product innovation and reformulation
    b) Providing clear voluntary nutrition information on pack
    c) Marketing responsibly including restricting direct advertising or marketing to children under 12 years of age of regular kilojoule products
    d) Adhering to Schools Canteen Policy
    e) Research and contributing to the evidence base
- Targeted multi-sector programs to help children consume healthier total diets with fewer discretionary foods and drinks and a healthier, more active lifestyle.
- Additional focus in NSW Healthy Children Initiative on late primary and late secondary-school years as they provide 'critical windows' and vital opportunities for intervention to promote and facilitate healthy active lifestyles.
- There is a need for further research and pilot programs to understand and address the drivers and barriers for adoption of healthier lifestyle practices amongst teenage boys and girls (13 – 18 year olds).

About the Australian Beverages Council

The Australian Beverage Council is the pre-eminent representative body of the non-alcoholic beverage industry. We represent 95% of the industry's production volume and our member companies include every major manufacturer in Australia and many, many small and medium companies. Collectively, our Members contribute $7 billion to the Australian economy and nationally our Members employ over 46,000 people. In NSW alone, our Members contribute $2.6 billion to the state's economy and employ over 17,000 local men and women.

We play a role in educating people on making informed choices encouraging balance, moderation and common sense. We are an advocate on issues such as portion sizes, nutritional labelling, marketing to children and canteen guidelines. We also support openness of the industry bringing research, knowledge and informed advice to discussions. We listen to consumers and adapt our products accordingly making positive changes and standing by our commitment to promote greater choice, smaller portions and more products with low or no kilojoules.

Obesity – a complex problem requiring multiple solutions

The Beverages Council supports the NSW Healthy Children Initiative[1] premise that childhood overweight and obesity is complex and needs a systematic approach across multiple settings. This initiative importantly acknowledges that education about healthy eating and physical activity in children is key to establishing healthy habits in later years.

The need for integrated programs to solve the problem of obesity is well documented including both the National Preventative Health Taskforce Report[2] and the Productivity Commission review[3] highlighting the complex, multifaceted causes of obesity and suggesting effective policy solutions are likely to involve a mix of tools acting on a range of levels. This approach is further supported by recent VicHealth research[4] which highlighted the burgeoning body of evidence on the roles of family and neighbourhood influences in shaping children's and adolescent's eating patterns, physical activity levels and weight.

"The complexities of these interactions highlight the importance of comprehensive, multi-sectoral strategies for optimising interventions (and, ultimately, health outcomes) across communities to reduce the burden associated with childhood overweight and obesity."[4]

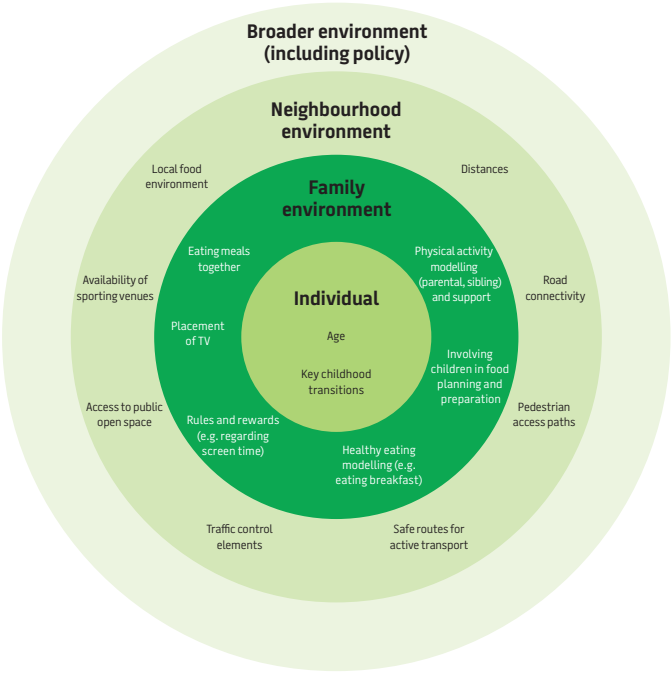


Figure 1. Family and neighbourhood environments: influences and interplay (Model extracted from VicHealth's report, Influencing children's health: critical windows for intervention)[4]

The need for multifaceted solutions is reflected in the NSW Healthy Children Initiative with implementation of a range of evidence-based programs across a multitude of sectors including early childhood services, primary school programs and junior community support e.g. Finish with the Right Stuff.[5]

The focus of this submission will be on the Beverages Council's initiatives in relation to the Inquiry's Terms of Reference, in particular a), b), c) and f).

TOR a) Current approaches to reduce childhood overweight and obesity in NSW

The Beverages Council approach:

The Beverages Council represents the non-alcoholic beverage industry (including beverages like bottled and mineral water, fruit juice and fruit drinks, cordial, soft drinks, sports drinks and energy drinks). As the industry body representing the wide variety of non-alcoholic beverages Australians drink, we understand the role that diet, including our products can have on health and wellbeing. Beverages along with food provide kilojoules (calories) to the diet, and we are committed to contributing to effective solutions to help address obesity, along with the rest of the products found in the supermarket aisles.

For over a decade, we have been taking common-sense steps that will have a meaningful and lasting impact on Australian's non-alcoholic beverage intake as outlined below.

1. Offering choice – Reducing sugar and kilojoules in drinks through innovation

For over the last decade, Australians have been able to choose both regular and low-kilojoule alternatives to a wide range of beverages including soft drinks, energy drinks, cordials, fruit juice drinks, sports drinks, and flavoured waters. This choice of alternative kilojoule options across the category is unique to non-alcoholic beverages and is not found in any other part of the supermarket offering. We are providing more beverage options than ever before, with a wide array of kilojoules (calories), sugar and portion sizes. For example:

- Zero or low-kilojoule(low-kJ) drinks available in all categories including diet soft drinks, diet cordials, diet flavoured waters, low-kJ sports drinks and low-kJ energy drinks
- Lower kilojoule soft drinks using natural sweeteners like Stevia and blends of Stevia and sugar providing considerably less kilojoules and sugar than regular kilojoule soft drinks
- Smaller pack sizes, for example, 300mL, 250mL and 200mL slimline cans, to offer consumers choice of portion size.

2. Providing clear nutrition information on pack

As an industry, we are committed to making it easier for consumers to know exactly how many kilojoules are in each beverage through voluntary adoption of the front of pack labelling systems:

Nutrition Information Panels (Vending)

- Major bottlers have committed to display nutrition information panels on the majority (75%) of vending machines by 2015. For example, the leading provider of vending machines in NSW notes that 75 % of vending machines were labelled by the end of 2015 with 100% coverage expected by end of 2016.

The Daily Intake Guide label

- Introduced on beverage packs by the majority of the Beverages Council Members in 2006 and then by other sectors of the food and grocery industry through the Australian Food & Grocery Council (AFGC).
- Provides clear information on both the amount of kilojoules per serve and what this represents as a percentage of an adult's total daily energy intake.

Health Star Rating system (HSR)

- The beverage industry is adopting this government labelling system to assist consumers in making informed choices.
- The beverage category is part of the integrated HSR approach, such as requiring a minimum display requirement of energy (kilojoules) only.
- The beverage industry is the first to develop approved standard serve sizes for use on pack.

3. Marketing responsibly

We voluntarily agreed to not to direct product advertising or marketing to children under 12 years. The Beverages Council and its Members commit to a responsible marketing to children policy, which restricts direct advertising or marketing to children under 12 years of age of regular kilojoule products. A 2011 Accenture report[6] indicated a 99% compliance to this commitment for Australian TV programming, surveying approximately 500 channels. For print and internet advertising, the compliance rate was 100%.

4. Complying with NSW Schools Canteen Policy

As an industry, where we have direct supply arrangements with schools, we have restricted access of sugar-sweetened soft drinks and complied with all relevant school canteen guidelines across Australia including NSW.

5. Building knowledge on the role of beverages in the Australian diet

The Beverages Council commissioned independent research to understand current beverage consumption behaviour and factors related to health. For example, to understand the role of non-dairy, non-alcoholic beverages in the diet of Australians, a secondary analysis of the National Nutrition and Physical Activity Survey (2011-12) (part of the Australian Health Survey) was commissioned by the Beverages Council and conducted by the CSIRO Food and Nutrition Flagship.[7] The research has been communicated and discussed with key health stakeholders and is informing and shaping the Council's commitments to health and wellbeing, including childhood overweight and obesity.

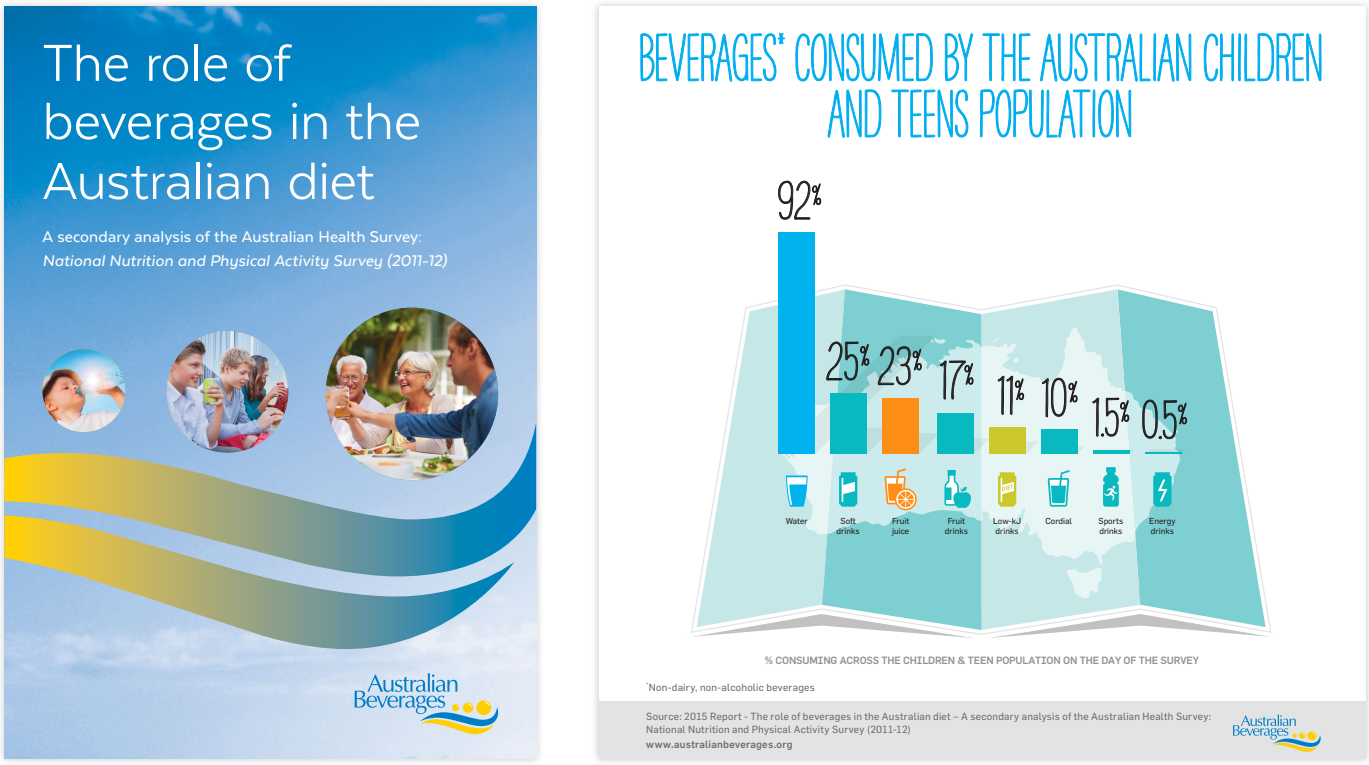


Figure 2. The healthcare professional summary report and an infographic representation of the findings from the secondary analysis of the National Nutrition and Physical Activity Survey, 2011-12, conducted by CSIRO Food and Nutrition Flagship and commissioned by the Australian Beverages Council

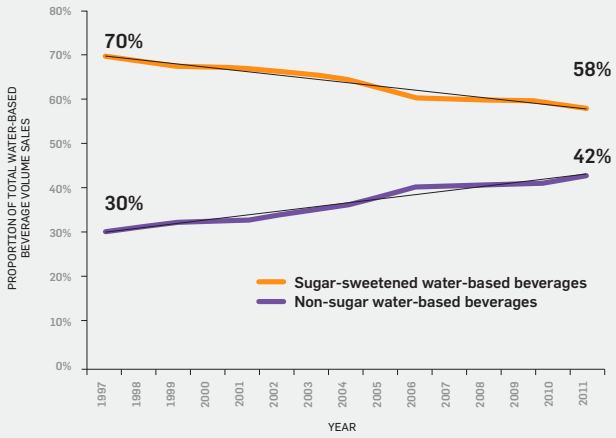
What impact have these beverage industry initiatives made?

1. Downward trends in sales of sugar-sweetened and non-sugar water-based beverages over a 15-year period (1997 to 2011)

Fundamental shift from sugar-sweetened to non-sugar drinks in Australia:[8]

- Nearly one in two drinks consumed are now non-sugar varieties e.g. non-sugar carbonated soft drinks and still water (42% volume share in 2001 compared to 30% in 1997).
- Change is driven by increased sales in non-flavoured still water and diet carbonated soft drinks.

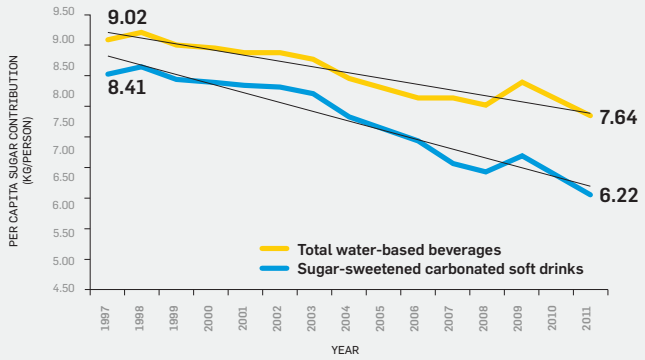
Figure 3. Volume share of sugar-sweetened and non-sugar water-based beverages, 1997-2011



Long-term decline in per capita sugar contribution:[8]

- 17% decline in per capita sugar contribution from water-based beverages
- 26% decline in per capita sugar contribution from carbonated soft drinks

Figure 4. Trends in per capita sugar contribution from water-based beverages and carbonated soft drinks



2. Children's consumption of sugar-sweetened drinks decreased

Two reports have been published based on the secondary analysis of the Australian Health Survey: National Nutrition and Physical Activity Survey (2011/12). Key findings on changes over time (1995 to 2011/12):

a) Australian Bureau of Statistics, found across the population:[9]

9% ↓ sugar-sweetened beverages consumption:
43% in 1995 to 34% in 2011-12

2% ↑ low-kJ drinks consumption:
8% in 1995 to 10% in 2011-12

24% ↓ children's consumption of cordial
35% in 1995 to 11% in 2011-12

36% ↓ children (2-3 years) consumption of sweetened beverages (sugar-sweetened & intense-sweetened):
67% in 1995 to 31% in 2011-12

b) The CSIRO secondary analysis of the Australian Health Survey commissioned by the Australian Beverages Council found across the population:[7]

Children		
Soft drinks/ flavoured waters	% of children consuming – appreciable decrease	Mean intakes – appreciable decrease
1995	26%-58%*	58-417.5mL*
2011-12	6%-45%*	12-242.5mL*
Fruit and vegetable juices/drinks	% of children consuming – appreciable decrease	Mean intakes – appreciable decrease
1995	55%-81.5%*	278mL-313mL*
2011-12	35%-44%*	114mL-138.5mL*

Children	
Water	% of children consuming – marginal increase
1995	83%-88%*
2011-12	88%-95%

*Range, as data reported for specific age groups

Note: To compare beverage intakes with the 1995 National Nutrition Survey, fruit and vegetable juices/drinks were combined together as a category (which is different from the rest of the Report which separates out fruit juice from fruit drinks and excludes vegetable juices/drinks). In 1995, cordial was included in the fruit and vegetable juices/drinks but was reported as a separate category in 2011/12. This change in categorisation is likely to account for some, but not all of the apparent decrease in fruit and vegetable juices/drinks intake.

3. At a population level, contribution of sugar-sweetened drinks to energy intake is relatively low

- The contribution of non-alcoholic, non-dairy beverages to total energy intake of children and teens (2-18 years) is relatively low across the population – 5.5% of children's intake.[7]
- Across the population, sugar-sweetened soft drinks contribute < 2% of total energy intake for children and teens (2-18 years).[7]

Children (2-18 years)

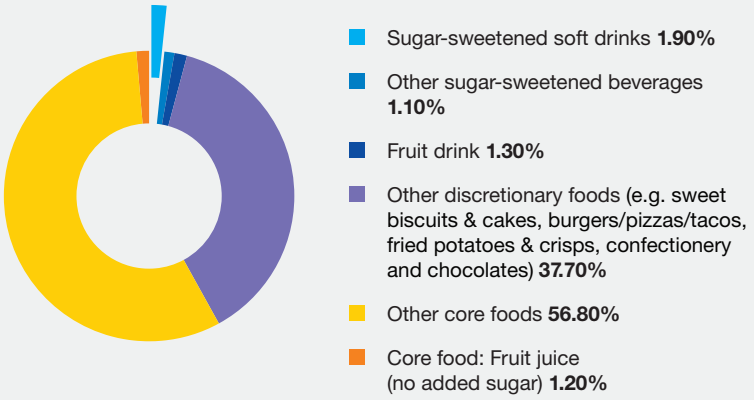


Figure 5. Percentage of total energy contribution from beverages in children (2-18 years, total population)[7]

The Beverages Council recommends:

- A collaborative approach that acknowledges the importance of a multi-sector stakeholder engagement e.g. government, industry, NGOs in making meaningful and lasting changes to meet the priority target.
- Recognition of the beverage industry's public commitments to be part of the solution to the problem of childhood obesity through a range of initiatives including offering choice through product innovation and portion size, labelling and guidance, responsible marketing and research.
- Consideration of the important outcome of the beverage industry commitments and programs in contributing to a substantial decline in children's consumption of sugar-sweetened drinks.

TOR b): Strategies to assist parents and carers in enabling their children to make healthier food and beverage choices and be active, including by participating in sport

The Beverages Council approach:

We listen to consumers and undertake regular consumer research to guide and shape our programs. For example, when we recently asked consumers about their views on soft drinks and suggested measures to reduce obesity, there was an overarching message - to work together focusing on education to make a positive difference to obesity rather than increased regulation and taxation.[10] In real terms, this means Australians want education programs to help them understand what a healthy diet really means.

From that same national poll of Australians,[10] it was found that the four most effective and supported ways to reduce overweight and obesity were:

1. Nutritional information on labels
2. Information programs to promote diet and exercise
3. Nutrition labelling on vending machine labelling
4. Restriction of soft drinks in schools.

Of additional note is that the two measures that Australians identified as being least effective and least supported in addressing obesity were a tax on soft drinks and restrictions on where parents can give their children soft drinks.[9]

These consumer findings highlight community support for current health policy and industry commitments related to labelling, school canteen policy, and integrated information programs on diet and exercise.

Importantly, these types of initiatives supported by the community including school canteen policies appear to have had an impact based on the secondary analysis of the 2007 Australian National Children's Nutrition & Physical Activity Survey. The analysis found that sugar and non-nutritive sweetened beverages were consumed more often outside school hours.[11]

Children are consuming unbalanced diets: too much from the discretionary food group

The latest Australian Health Survey found that Australian children's intake of non-core or discretionary foods and drinks is too high – providing 42% in children nationally[7] and 38% in children living in NSW.[12]

This eating pattern with too many foods consumed from this portion of the diet is a key public health challenge. To help children eat better, there is a need to focus on eating less from the overall discretionary food group balanced with increasing core food intake (e.g. fruits and vegetables and wholegrains). The top 3 discretionary food categories contributing most to total energy intake in children were: cakes, muffins, scones and cake-type desserts; sweet biscuits and pastries.[13] By comparison, soft drinks and other sugar-sweetened beverages contributions to total energy intake in children were lower: 1.9% and 2.4% respectively.[13]

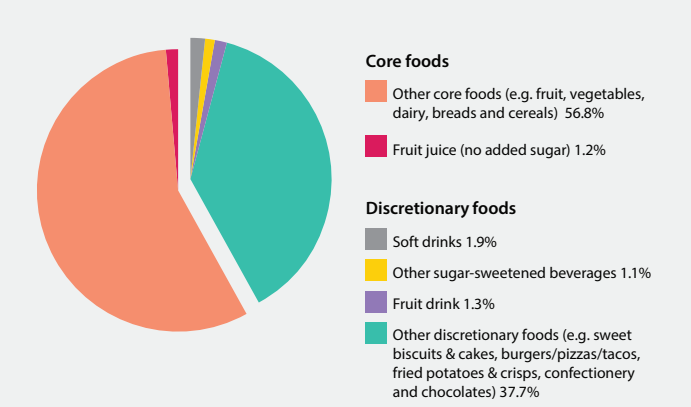


Figure 6. Percentage of total energy intake from different sources for Australian children (2-18 years; total population)[7]

Although the contribution of sugar-sweetened beverages to energy intake is relatively low across the population, it is high in those who consume these drinks on a regular basis. The CSIRO secondary analysis found that children who consume high amounts of sugar-sweetened drinks tend to have the least healthy lifestyle pattern such as poorer overall diet quality (e.g. low vegetable intakes) and higher sedentary behaviour.[7] What is apparent from this research is that whilst soft drinks might be a component of a less healthy diet, they are not a driving contributor to same.

Together, these findings indicate the importance of **targeted programs** to help people consume **healthier total diets** with **fewer discretionary foods and drinks** and a **healthier, more active lifestyle**. A focus on one food (beverage) or ingredient in the diet will not solve the problem – healthy eating involves variety, moderation and a balance of foods and drinks in the diet.

A good example of an integrated consumer communication campaign is NSW Health's *Make Healthy Normal*[14] campaign which focuses on the concept of energy balance and healthy lifestyles in an engaging and practical way. This campaign could be extended with a focus on 'critical windows' in childhood for intervention, such as late primary and late secondary-school years. For example, the transition from primary to secondary schooling is associated with significant decreases in physical activity levels during lunch and recess, outside school hours and on weekends.[4] Therefore, development of specific targeted communications for children at these critical life-stages to promote and facilitate healthy active lifestyles is required. Recommendations in the government report on these 'critical windows' included more activity/less sedentary time at school, junior sport programs and parents (eat family meals together, less TV/digital, eating breakfast).[4]

Taxation is an ineffective policy solution for childhood obesity

Often, proponents of such taxes cite the success of such schemes in other countries. Unfortunately, similar taxes have not been a success, but have failed as outlined below:

- Danish 'Fat Tax': In 2012, the Danish 'fat tax' was repealed 18 months after it was introduced, and further discriminatory taxes that the Government had planned to introduce were scrapped altogether. The negative impact on jobs, inflation and administrative costs on businesses, as well as the distinct lack of an impact on consumption patterns, dietary habits and therefore overweight and obesity were the main reasons for rescinding the tax.[15]
- EU Taxes on Foods and Beverages: In 2013 the European Commission addressed the issue of overweight and obesity by conducting a study on the effectiveness of taxes on foods and beverages imposed in four EU states – Finland, France, Netherlands and Hungary. The purpose of these taxes on foods considered high in fat, sugar and salt was to improve public health.[16] However, the EC study published in June 2014 found that the taxes have led instead to: increased administrative costs; reduced jobs in some cases; higher food prices and no discernible improvement to public health.[16]
- Mexico Tax: In 2014, a soft drinks tax was introduced in Mexico as part of a range of tax measures aimed at 'non-essential' foods. Whilst it is still too early to determine the full, long term impact of this tax on obesity levels in the country, what is apparent is that since it was introduced, the tax is hitting the poorest people the hardest and having negligible impact on kilojoule (calorie) intake. It is estimated that in Mexico, the source of calories coming from soft drinks had initially reduced by 6.2 calories when the tax was first introduced.[17] In the concept of an average daily dietary intake of 3,025 calories, this reduction represents just 0.20% of the daily diet, or equivalent to around 2 teaspoons of soft drink or a 'bite of an apple'.
- UK Tax: Announced in March 2016 and due to be implemented in 2018, a recent Oxford Economics Report outlined the planned UK sugar tax is likely to lead to a reduction of just 5 calories per day, but will reduce the industry's contribution to the economy by £132m ($172m) and risk 4,000 jobs.[18]

The Beverages Council recommends:

- Continued focus on programs that inform children, parents and carers about healthy eating and physical activity through: clear labelling on products and at point-of-purchase, education and information programs like Crunch & Sip and other Live Life Well @ School initiatives,[19] and adherence to Fresh Tastes @ School - NSW Healthy School Canteen Strategy.[20]
- Fiscal measures, such as a sugar-sweetened beverage tax do not have widespread community support and whilst theoretical modelling might point to taxes as a solution, in reality these punitive measures are ineffective and inefficient with unintended consequences.
- Targeted multi-sector programs are required to help children consume healthier total diets with fewer discretionary foods and drinks and a healthier, more active lifestyle.
- Additional focus in NSW Healthy Children Initiative on late primary and late secondary-school years as they provide 'critical windows' and vital opportunities for intervention to promote and facilitate healthy active lifestyles.

TOR c): Measures to support 13 to 18 year olds to make healthier food and beverage choices and be active, including by participating in sport

The Beverages Council perspective:

The secondary analysis of the Australian Health Survey found the contribution of non-dairy, non-alcoholic beverages to total energy intake was highest in 14-18 year olds – 8.2% in males and 5.7% in females.[7] This was largely attributable to a peak in the consumption of sugar-sweetened soft drinks. From a public health perspective, the marked increase in alcohol consumption that occurs in the late teenage years and early adulthood is also noteworthy. These trends in discretionary beverage consumption (both alcoholic and non-alcoholic) highlights the need for targeted communications on all discretionary beverages at different age groups.

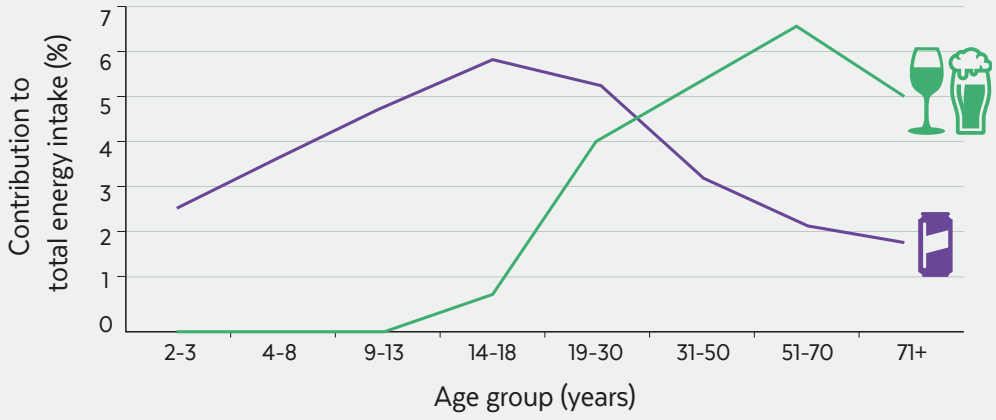


Figure 7: Contributions of sugar-sweetened and alcoholic beverages to total energy intakes across the population, by age

The CSIRO secondary analysis of the Australian Health Survey found that children who consume high amounts of sugar-sweetened drinks tend to have the least healthy lifestyle pattern such as poorer overall diet quality (e.g. low vegetable intakes) and higher sedentary behaviour.[6] Another secondary analysis found that specific meal occasions - am tea, pm tea and dinner - each contributed almost a quarter of total discretionary food energy – highlighting the importance of focusing on reducing discretionary foods and beverages throughout the day.[13] For example, 24% of total DF energy came from dinner foods (does not include dessert) such as pizza, sausages, frankfurters and potatoes (fries, wedges, hash browns and chips).

The beverage industry is committed to helping teenagers make informed choices through provision of low and no-sugar drinks, smaller portion sizes and adhering to school canteen policies. However, we cannot work alone – a multi-sector approach is required including government, food and beverage industry, non-government health organisations and communities to support and encourage a sustainable change in eating patterns and activity levels.

The Beverages Council recommends:

- There is a need for further research and pilot programs to address the complexity of lifestyle behaviours amongst teenage boys and girls. It will be essential to understand the drivers and barriers for adoption of healthier lifestyle practices and identify the key factors for intervention.
- A collaborative approach is critical for sustainable diet and physical activity changes that includes government, non-government and the food and beverage industry.

TOR (f): The potential for collaboration on strategies to reduce childhood overweight and obesity with the non-government and private sectors

The importance of a collaborative approach is exemplified in the French program, EPODE (translated as 'Together Let's Prevent Childhood Obesity') - a large-scale, coordinated, capacity-building approach for communities to implement effective and sustainable strategies to prevent childhood obesity.[21] It notably promotes the involvement of multiple stakeholders at:

- A central level (government, health groups, NGOs and private partners like industry); and
- A local level (political leaders, health professionals, families, teachers, local NGOs, and the local business community).

Using this approach in a pilot project in France, EPODE found that childhood obesity in the two pilot towns did not increase, while in two comparison towns, where there was no community-wide lifestyle program, overweight and obesity levels doubled.

Children in the EPODE towns also had a better knowledge of nutrition, had made major changes to their eating habits, and had increased their physical activity. The French approach found that the key to success was involving the whole community – families, local GPs, pharmacists, shop owners, local government, sports and cultural associations, as well as schools.

The EPODE model was shaped over 5 years of pilot implementation in France in 10 towns, and is now being used in some 300 worldwide, including the OPAL program in South Australia.[22] The positive impact on obesity levels is highlighted in 2 recent publications:

1. France: The EPODE methodology was implemented in eight French towns involving children in age groups from 4 to 5 years and 11 to 12 years. While national data in France indicated an overall stabilization in the prevalence of childhood overweight and obesity, results from the eight French EPODE pilot towns showed a significant decrease of 9.12 % in overweight and obesity between 2005 and 2009. Encouragingly, children who attended schools in deprived areas showed a downward trend of 2% in the prevalence of childhood overweight and obesity, compared with an increase in the prevalence of overweight and obesity in children from disadvantaged households at national level.[23]

2. Belgium: The VIASANO program, based on the EPODE methodology, was launched in 2007 and 2008 in two towns in Belgium. The prevalence of overweight (-2.1%) and overweight and obesity (-2.4%) decreased in the pilot towns, but remained stable in the comparison population.[24]

The OPAL[25] program in South Australia has grown to be the largest childhood prevention program in South Australia, operating in 20 local communities across the state and one community in the Northern Territory (over seven years of implementation). The program has six goals around healthy eating and physical activity, with seven strategies to guide a comprehensive approach to health promotion. The program has taken steps towards a healthier community, such as encouraging children and families to walk and cycle to school, have healthier breakfasts at school and home, and encouraging playing outdoors.

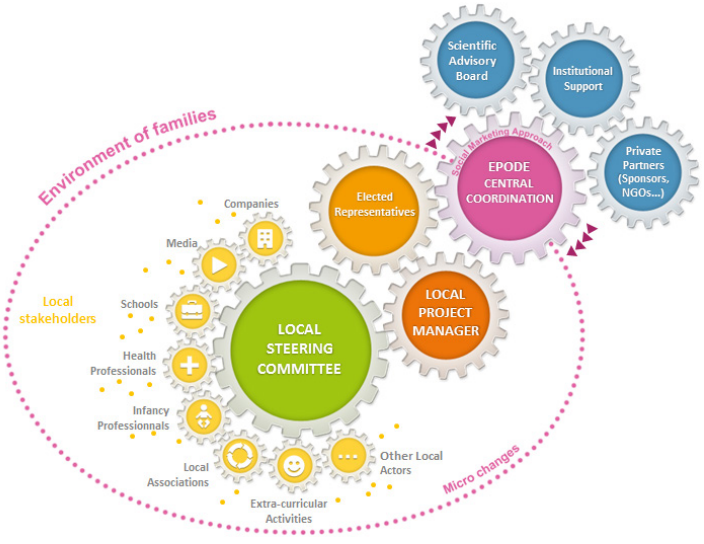


Figure 7: The EPODE methodology is comprised of various parts working together (Model extracted from the EPODE Canada website)[26]

In Conclusion

The Beverages Council is pleased to provide a submission to the NSW Inquiry into childhood overweight and obesity. As an industry, we have been listening and adapting to consumer needs for more than a decade and through a range of initiatives we have not only voluntarily informed consumers about the nutritional content of our products but continue to innovate and provide choice to ensure a wide range of low kilojoule and low sugar beverage options and smaller portion sizes are available in the food supply. Importantly, these initiatives appear to have contributed to a decline in sugar-sweetened beverage consumption in children.

We welcome working collaboratively with multiple stakeholders including government, health organisations and food industry to meet the NSW Premier's target: a 5 per cent reduction in the rates of overweight and obesity of children and young people (5-16 years) by 2025.

For More Information

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